

TABLE OF CONTENTS  
AMP Montana  
Alternatives for Medicaid to PRTFs in Montana  
CFDA 93-789

| Inclusions  | Document Title   | Notes   |
|---|--|---|
| 1.  | Table of Contents AMP Montana.doc  | Two pages   |
| 2.  | AMP Montana Cover Letter.doc   | From Joan Miles, Director,<br>DPHHS and Single State Agency                   |
| 3.  | AMP Montana Abstract.doc   | 1 page abstract   |
| 4.  | AMP Montana Narrative.pdf  | 24 pages: project narrative   |
| 5.  | Notice of Intent to Apply  | Returned prior to 9/8/2005  |
| 6.  | Standard Forms<br>✓ SF-424: Official Application<br>✓ SF-424B: Assurances: Non-Construction<br>✓ SF-LLL: Disclosure of Lobbying Activities<br>✓ PHS-5161-1 Additional Certifications | Attached as required forms.<br>✓ Hard signature copies to<br>follow by Fed Ex |
| 7.  | Signed forms SF-424, SF-424B, SF-LLL and<br>PHS-5161-1   | Attached as Signed Forms.pdf  |
| 8.  | Budget<br>✓ SF-424A: Budget Information<br>✓ Budget Narrative.doc<br>✓ Financial Neutrality.xls  | Attached  |
| AMP Montana Indexed Appendices (attached as AMP Montana Appendices.PDF) |  |   |
| Appendix<br>Number  | Title  | Referenced or Requested   |
| Appendix 1  | Children's Mental Health Eligibility<br>Administrative Rule #37-89-103   | Part A: Question 1, Page 1  |
| Appendix 2  | Youth Residential Treatment: Admission<br>Criteria for PRTF  | Part A: Question 1, Page 1  |
| Appendix 3  | Children's System of Care Legislation  | Part A: Question 8, Page 5<br>Part B: Question 2, Page 10                     |
| Appendix 4  | Introduction to Kids Management<br>Authorities   | Part A: Question 11, Page 6   |

|             |  |  |
|-------------|--|--|
| Appendix 5  | Public Participation – Administrative Rules of Montana 2-3-103 MCA           | Part B: Question 2, Page 10                                |
| Appendix 6  | Montana’s Level of Care Assessment: Child Behavior Checklist (CBCL)          | Part B: Question 4, Page 12<br>Part B: Question 5, Page 14 |
| Appendix 7  | Yellowstone County KMA Letter of Commitment and Memorandum of Understanding  | Part B: Question 4, Page 12                                |
| Appendix 8  | Administrative Rules of Montana: 37.85.401 – 402<br>Provider Participation   | Part B: Question 7, Page 15                                |
| Appendix 9  | Letters of Commitment and Support  | Part B: Question 11, Page 18                               |
| Appendix 10 | Statement of Assurance   | Part B: Question 12, Page 18                               |
| Appendix 11 | Assessment Tools: BERS, YSS and GAIN   | Part D: Question 1, Page 22                                |
| Appendix 12 | Discussion of Reliability, Validity and Appropriateness for Assessment Tools | Part D: Question 1, Page 22                                |
| Appendix 13 | Proposed Demographic, Healthcare and Functional Outcome Variables            | Requested in Invitation to Apply, Page 26                  |
| Appendix 14 | Identification, Recruitment and Retention Flow Chart                         | Part B: Page 11  |
| Appendix 15 | Reporting Assurances   | Requested in Invitation to Apply, Page 35                  |
| Appendix 16 | Documentation of Benefit as Part of State Plan                               | Requested in Invitation to Apply, Pages 8 - 9              |